

United States Bankruptcy Court
Eastern District of Wisconsin

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-ppChapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|---------------|----------------------|------------------------|-------------|
| A - Real Property | YES | 1 | \$ 750,000.00 | | |
| B - Personal Property | YES | 3 | \$ 57,588.00 | | |
| C - Property Claimed as Exempt | YES | 1 | | | |
| D - Creditors Holding Secured Claims | YES | 2 | | \$ 904,515.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | YES | 5 | | \$ 10,515.42 | |
| F - Creditors Holding Unsecured Nonpriority Claims | YES | 45 | | \$ 2,351,614.23 | |
| G - Executory Contracts and Unexpired Leases | YES | 1 | | | |
| H - Codebtors | YES | 1 | | | |
| I - Current Income of Individual Debtor(s) | YES | 2 | | | \$ 7,102.66 |
| J - Current Expenditures of Individual Debtor(s) | YES | 1 | | | \$ 8,014.00 |
| TOTAL | | 62 | \$ 807,588.00 | \$ 3,266,644.65 | |

AFTER HOURS

2008 MAY - 9 AM 4:35

FILED
 EASTERN DISTRICT OF WISCONSIN
 UNITED STATES COURTS

United States Bankruptcy Court
Eastern District of WisconsinIn re Adam J. Wallow Amy K. Wallow
DebtorsCase No. 08-23635-pp
Chapter 7**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|---------------------|
| Domestic Support Obligations (from Schedule E) | \$ 4,876.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 5,639.42 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E. | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 10,515.42 |

State the following:

| | |
|--|-------------|
| Average Income (from Schedule I, Line 16) | \$ 7,102.66 |
| Average Expenses (from Schedule J, Line 18) | \$ 8,014.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | \$ 0.00 |

State the following:

| | | |
|--|--------------|----------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$347,726.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 10,515.42 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$0.00 |
| 4. Total from Schedule F | | \$2,351,614.23 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$2,699,340.23 |

In re: Adam J. Wallow Amy K. Wallow

Case No. 08-23635-pp
(If known)

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

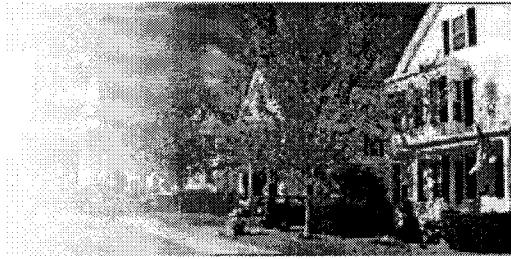
If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--|---|-----------------------------------|--|-------------------------|
| Homestead, 1544 Cedar Creek Parkway, Cedarburg, WI, Ozaukee County, WI | Fee Owner | J | \$ 750,000.00 | \$ 920,000.00 |
| | Total > | | \$ 750,000.00 | |

(Report also on Summary of Schedules.)

AssessorData



Tax Key Number: 03-074-0011.000



Property address:

1544 Cedar Creek Pkwy
Town of Cedarburg, WI

Abbreviated legal description:

0828161 LOT 11 PRAIRIE CREEK RUN

Acres (county records): 0

Building 1 description:
2 story wood custom

Size: 3,807 sq feet

Year built: 2001

Additional structures: 2

Date of last building permit: 9/9/2005

Last sale date: 10/3/2005

Total assessed value of land: \$142,100

Total assessed value of buildings: \$482,900

Assessment year: 2008

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[**<< Return to Search Results**](#)

[**Perform A New Search**](#)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY | NONE | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------|--|-----------------------------------|--|
| 1. Cash on hand | | Cash | C | 28.00 |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Bank Account | C | 1,200.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, including audio, video, and computer equipment. | | Household Goods and Furnishings | C | 13,000.00 |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | | Books and pictures | C | 1,500.00 |
| 6. Wearing apparel. | | Wearing Apparel | C | 5,000.00 |
| 7. Furs and jewelry. | | Wedding ring | C | 7,000.00 |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | | Insurance Policy with MetLife | C | 4,800.00 |
| 10. Annuities. Itemize and name each issuer. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| | | | | |

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY | NONE | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------|--|-----------------------------------|--|
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 2001 Audi A6 | C | 7,640.00 |
| Automobiles, trucks, trailers, and other vehicles and accessories. | | 2005 Nissan Quest | C | 13,115.00 |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | | Computers, Office Furnishings and sundry other equipment previously used in business | C | 2,500.00 |
| Office equipment, furnishings, and supplies. | | Court reporting equipment | C | 1,500.00 |

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY | NONE | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|-------------------|--------------------------------------|-----------------------------------|--|
| 29. Machinery, fixtures, equipment and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | Cat | | C | 5.00 |
| Animals. | Yorkshire Terrier | | C | 300.00 |
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |
| <u>2</u> continuation sheets attached | | | Total ➤ | \$ 57,588.00 |

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Adam J. Wallow Amy K. WallowCase No. 08-23635-pp

(If known)

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds
\$136,875

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION |
|--|--|----------------------------|---|
| 2001 Audi A6 | 11 USC § 522(d)(5) 11 USC § 522(d)(2) | 1,190.00 6,450.00 | 7,640.00 |
| 2005 Nissan Quest | 11 USC § 522(d)(5) | 1.00 | 13,115.00 |
| Bank Account | 11 USC § 522(d)(5) | 1,200.00 | 1,200.00 |
| Books and pictures | 11 USC § 522(d)(3) | 1,500.00 | 1,500.00 |
| Cash | 11 USC § 522(d)(5) | 28.00 | 28.00 |
| Cat | 11 USC § 522(d)(5) | 5.00 | 5.00 |
| Computers, Office Furnishings and sundry other equipment previously used in business | 11 USC §522(d)(6) | 2,500.00 | 2,500.00 |
| Court reporting equipment | 11 USC §522(d)(6) | 1,500.00 | 1,500.00 |
| Homestead, 1544 Cedar Creek Parkway, Cedarburg, WI, Ozaukee County, WI | 11 USC § 522(d)(1) | 1.00 | 750,000.00 |
| Household Goods and Furnishings | 11 USC § 522(d)(3) | 13,000.00 | 13,000.00 |
| Insurance Policy with MetLife | 11 USC § 522(d)(8) | 4,800.00 | 4,800.00 |
| Wearing Apparel | 11 USC § 522(d)(3) | 5,000.00 | 5,000.00 |
| Wedding ring | 11 USC § 522(d)(5) 11 USC § 522(d)(4) | 4,300.00 2,700.00 | 7,000.00 |
| Yorkshire Terrier | 11 USC § 522(d)(5) | 300.00 | 300.00 |

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|----------|--------------------------------------|---|------------|--------------|----------|---|---------------------------------|
| ACCOUNT NO. | C | | 10/03/2005 First Lien on Residence Homestead, 1544 Cedar Creek Parkway, Cedarburg, WI, Ozaukee County, WI VALUE \$750,000.00 | | | | 696,000.00 | 170,000.00 |

1 continuation sheets attached

Subtotal >
(Total of this page)

| | |
|---------------|---------------|
| \$ 696,000.00 | \$ 170,000.00 |
| \$ | \$ |

Total >
(Use only on last page)

(Report also on Summary of
Schedules) (If applicable, report
also on Statistical
Summary of Certain
Liabilities and
Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|----------|--------------------------------------|--|------------|--------------|----------|---|---------------------------------|
| | | | | | | | | |
| ACCOUNT NO. | C | | 12/31/2004 Security Agreement 2005 Nissan Quest VALUE \$13,115.00 | | | | 20,841.00 | 7,726.00 |
| Nissan Motor Acceptance Corp. Attn: Bankruptcy Department P.O. Box 660366 Dallas, TX 75266-0366 | | | | | | | | |
| ACCOUNT NO. | C | | 10/03/2005 Second Lien on Residence Homestead, 1544 Cedar Creek Parkway, Cedarburg, WI, Ozaukee County, WI VALUE \$750,000.00 | | | | 187,674.00 | 170,000.00 |
| Wilshire Credit Corporation Attn: Bankruptcy Department 1776 SW Madison Street Portland, OR 97205 | | | | | | | | |

Sheet no. 1 of 1 continuation
sheets attached to Schedule of
Creditors Holding Secured
ClaimsSubtotal >
(Total of this page)

| | |
|---------------|---------------|
| \$ 208,515.00 | \$ 177,726.00 |
| \$ 904,515.00 | \$ 347,726.00 |

Total >
(Use only on last page)(Report also on Summary of (If applicable, report
Schedules) also on Statistical
Summary of Certain
Liabilities and
Related Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

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(If known)

Debtors

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

3 continuation sheets attached

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp
(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Domestic Support Obligations

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See <i>Instructions above</i> .) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM | AMOUNT ENTITLED TO PRIORITY | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|----------|--------------------------------------|--|------------|--------------|----------|--------------------|-----------------------------------|---|
| ACCOUNT NO. State of WI, Dept. of Wkforce Dev. Div. of Workforce Solutions Bureau of Child Support P.O. Box 07914 Milwaukee, WI 53207 | | H | Various Child support | | X | | 4,876.00 | 4,876.00 | 0.00 |

NOTE: Claim also on Schedule F

Sheet no. 1 of 3 continuation sheets attached to Schedule of
Creditors Holding Priority ClaimsSubtotals
(Totals of this page)

| | | |
|-------------|-------------|---------|
| \$ 4,876.00 | \$ 4,876.00 | \$ 0.00 |
| \$ | | |
| | \$ | \$ |

Total
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)Total
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

In re Adam J. Wallow Amy K. WallowCase No. 08-23635-pp
(If known)

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Taxes and Certain Other Debts Owed to Governmental Units

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See <i>Instructions above</i> .) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM | AMOUNT ENTITLED TO PRIORITY | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|---|----------|--------------------------------------|--|------------|--------------|----------|--------------------|-----------------------------------|---|
| | | | | | | | | | |
| ACCOUNT NO. State of WI, Dept. of Wkforce Dev. Equal Rights Division 819 North 6th Street, Room 255 Milwaukee, WI 53203-1687 | | H | Various Claim for pass due wages | | | | 0.00 | 0.00 | 0.00 |
| NOTE: Amount will be determined by claim for loss wages | | | | | | | | | |
| ACCOUNT NO. 2005WC000309 State of WI, Dept. of Wkforce Dev. Workers Compensation Division 201 E. Washington Ave, Room C100 P.O. Box 7901 Madison, WI 53707-7901 Milwaukee County Circuit Court Attn: Record Room, G9 Re: 2005WC000309 901 North 9th Street Milwaukee, WI 53233 | | H | 2005-08-09 State Tax Lien | | | | 789.42 | 789.42 | 0.00 |
| ACCOUNT NO. 2005WC00077 State of WI, Dept. of Wkforce Dev. Workers Compensation Division 201 E. Washington Ave, Room C100 P.O. Box 7901 Madison, WI 53707-7901 Ozaukee County Register of Deeds Attn: Clerk 121 West Main Street, Room 120 Port Washington, WI 53074-0994 Re: 2005WC00077 | | H | 2005-02-09 State Tax Lien | | | | 1,627.68 | 1,627.68 | 0.00 |

Sheet no. 2 of 3 continuation sheets attached to Schedule of
Creditors Holding Priority ClaimsSubtotals
(Totals of this page)

| | | |
|-------------|-------------|---------|
| \$ 2,417.10 | \$ 2,417.10 | \$ 0.00 |
| \$ | | |
| | \$ | \$ |

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)Total >
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

In re Adam J. Wallow Amy K. WallowCase No. 08-23635-pp
(If known)

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority: Taxes and Certain Other Debts Owed to Governmental Units

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM | AMOUNT ENTITLED TO PRIORITY | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|---|----------|--------------------------------------|--|------------|--------------|----------|--------------------|-----------------------------------|---|
| ACCOUNT NO. 2006UC00123 State of WI, Dept. of Wkforce Dev. Workers Compensation Division 201 E. Washington Ave, Room C100 P.O. Box 7901 Madison, WI 53707-7901 Ozaukee County Circuit Court Attn: Clerk, In. Re: 2006UC000123 Ozaukee County Justice Center 1201 South Spring Street Port Washington, WI 53074 | | H | 2006-12-11 State Tax Lien | | | | 162.32 | 162.32 | 0.00 |
| ACCOUNT NO. State of Wisconsin/ Dept. of Revenue Attn: Jim Polkowski Bankruptcy Specialist P.O. Box 8902 Madison, WI 53708-8902 | | H | 1998-06-17 State Tax Lien | | | | 2,020.00 | 2,020.00 | 0.00 |
| ACCOUNT NO. State of Wisconsin/ Dept. of Revenue Attn: Jim Polkowski Bankruptcy Specialist P.O. Box 8902 Madison, WI 53708-8902 | | C | 1999-03-15 State Tax Lien | | | | 1,040.00 | 1,040.00 | 0.00 |

Sheet no. **3** of **3** continuation sheets attached to Schedule of
Creditors Holding Priority ClaimsSubtotals
(Totals of this page)

| | | |
|--------------|--------------|---------|
| \$ 3,222.32 | \$ 3,222.32 | \$ 0.00 |
| \$ 10,515.42 | | |
| | \$ 10,515.42 | \$ 0.00 |

Total
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)Total
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities and
Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODETOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|---|------------|--------------|----------|--------------------|
| | | | | | | |
| ACCOUNT NO. | C | 2007-05 Collection Account | | | | 2,383.73 |
| A Better Way 5800 North Bayshore Drive Suit B234 Milwaukee, WI 53217 | | | | | | |
| Cybercollect P.O. Box 1145 2350 South Avenue La Crosse, WI 54601 | | | | | | |
| Attorney Alan R. Freedman 944 Indian Peak Road, Suite 200 Palos Verdes, CA 90274 | | | | | | |

44 Continuation sheets attached

| | |
|------------|-------------|
| Subtotal > | \$ 2,383.73 |
| Total > | \$ |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|---|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | 2007-10 Collection Account | | | | 6,789.71 |
| A Better Way 5800 North Bayshore Drive Suite B234 Milwaukee, WI 53217 | | | | | | | |
| Attorney Collection Service P.O. Box 2415 Palos Verdes, CA 90274 | | | | | | | |
| Attorney Alan R. Freedman 944 Indian Peak Road, Suite 200 Palos Verdes, CA 90274 | | | | | | | |
| ACCOUNT NO. | | C | 2006-10 Business Lease, | | | | 265,000.00 |
| AAP Properties 1000 North Water Street Suite 900 Milwaukee, WI 53202 | | | | | | | |
| Bevery Hills Properies I, LLC Attn: Mr. Palermo 6425 West Executive Drive Mequon, WI 53092 | | | | | | | |
| ACCOUNT NO. | | C | 2006 Services Rendered | | | | 2,000.00 |
| ABC Financial P.O. Box 6800 Sherwood, AR 72124 | | | | | | | |

Sheet no. 1 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

| | |
|------------|---------------|
| Subtotal > | \$ 273,789.71 |
| Total > | \$ |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 3,500.00 |
| Accrue Appraisals Attn: Bankruptcy Department 2222 North Mayfair Road Milwaukee, WI 53226 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 1,500.00 |
| Acme Systems, Inc Attn: Billing Office Manager 6101 North Flint Road Milwaukee, WI 53209 | | | | | | | |
| ACCOUNT NO. | | C | Various Business Payroll Services | | | | 10,000.00 |
| Adminstaff Attn: Billing Office 311 South Wacker Drive Chicago, IL 60606 | | | | | | | |
| ACCOUNT NO. | | C | Various Business Payroll Services | | | | 10,000.00 |
| ADP Total Source Attn: Billing Office 10200 Sunset Drive Miami, FL 33173 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 1,200.00 |
| ADT Security Services Attn: Bankruptcy Department 200 North Patrick Boulevard Suite 300 Brookfield, WI 53005 | | | | | | | |

Sheet no. 2 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 26,200.00
\$
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Medical Bills | | | | 2,000.00 |
| Advanced Healthcare Attn: Billing Office W180N11070 River Lane Germantown, WI 53022-3109 | | | | | | | |
| ACCOUNT NO. | | C | Various Medical Bills | | | | 1,500.00 |
| Advanced Healthcare Attn: Bankruptcy Department Falls Medical/Milwaukee Medical P.O. Box 091700 Milwaukee, WI 53209-8700 | | | | | | | |
| ACCOUNT NO. | | C | various Services Rendered- Storage-Business | | | | 700.00 |
| All One Storage Attn: Manager S83 W18550 Saturn Drive Muskego, WI 53150 | | | | | | | |
| ACCOUNT NO. | | C | various Products/Services -Literary | | | | 29.96 |
| Allied Interstate Literary Guild P.O.Box 5023 New York, NY 10163 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business Telephone | | | | 3,000.00 |
| Allied Technologies Attn: Manager N37 W23953 Hall Road Pewaukee, WI 53702 | | | | | | | |

Sheet no. 3 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal ➤ \$ 7,229.96
\$
\$
Total ➤ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | C | | 2005-05 Credit Card | | | | 910.00 |
| American Express Attn: Bankruptcy Department P.O. Box 981537 El Paso, TX 79998-1537 | | | | | | | |
| ACCOUNT NO. | C | | 2005-10 Credit Card | | | | 3,875.00 |
| American Express Attn: Bankruptcy Department P.O. Box 981537 El Paso, TX 79998-1537 | | | | | | | |
| ACCOUNT NO. | C | | 05/01/2005 55 The Greenway Loop Panama City Beach FL 32413 | | | | 1,011,000.00 |
| American Servicing Attn: Bankruptcy Department 7495 New Horizon Way Frederick, MD 21703 | | | | | | | |
| ACCOUNT NO. | C | | 2000-09-02 Charge Account | | | | 9,363.00 |
| American/WFNNB Attn: Recovery Department 4590 East Broad Street Columbus, OH 43213 | | | | | | | |
| ACCOUNT NO. | C | | Various Business- Payroll- Moneytree | | | | 1,200.00 |
| April, Carlos L. 1989 West Lawrence Avenue Milwaukee, WI 53209 | | | | | | | |

Sheet no. 4 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,026,348.00
\$
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | C | | Various Medical Bills | | | | 1,000.00 |
| Aurora Health Care Attn: Billing Office 3031 West Montana Street Milwaukee, WI 53215-3627 | | | | | | | |
| ACCOUNT NO. | C | | 2006-06-01 Credit Card | | | | 6,016.00 |
| Bank of America Attn: Customer Service 4060 Ogletown/Stan Newark, DE 19713 | | | | | | | |
| ACCOUNT NO. | C | | 2005-05-30 Business Credit Card | | | | 37,610.00 |
| Bank of America - Business Cards Attn: Customer Service P.O. Box 15311 Wilmington, DE 19884 | | | | | | | |
| fiascna 4060 Ogletown, Scan Newark, DE 19713 | | | | | | | |
| ACCOUNT NO. | C | | 2007-09-11 Factoring Company Account | | | | 24,005.00 |
| Bank of America - Business Cards Attn: Customer Service P.O. Box 15311 Wilmington, DE 19884 | | | | | | | |
| Portfolio Recoveries 120 Corporate Boulevard, Suite 1 Norfolk, VA 23502 | | | | | | | |

Sheet no. 5 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 68,631.00
\$
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. 2007SC006232 | | C | 2007-05-15 Small Claims Judgment | | | | 2,140.29 |
| Barnes, Priya 1661 North Water Street Suite 200 Milwaukee, WI 53203 | | | | | | | |
| Milwaukee County Circuit Court Attn: Record Room, G9 Re: 2007SC006232 901 North 9th Street Milwaukee, WI 53233 | | | | | | | |
| Creatonomy 1661 North Water Street, Suiet 200 Milwaukee, WI 53202 | | | | | | | |
| ACCOUNT NO. | | C | 2005-05-29 Charge Account | | | | 747.00 |
| Bloomingsdales Attn: Customer Service 9111 Duke Boulevard Mason, OH 45040 | | | | | | | |
| ACCOUNT NO. | | C | Various Business - Moneytree | | | | 2,000.00 |
| Blue Cross Blue Shield Attn: Billing Office 1555 Highway 151 East Platteville, WI 53818 | | | | | | | |

Sheet no. 6 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ **4,887.29**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | 2007-04-19 Judgment | | | | 1,821.26 |
| Bonded Transportation, Inc. Attn: Billing Office 301 South Myrick Pensacola, FL 32505 | | | | | | | |
| Bay County Circuit Court Attn: Clerk, In Re: 07458SC 300 East 4th Street Panama City, FL 32401 | | C | 2002-01-02 Charge Account | | | | 1,529.00 |
| ACCOUNT NO. | | C | Various Medcial Account | | | | 1,200.00 |
| BPI Solutions Achievement Assoc. 500 West Bender Road, Suite 113 Glendale, WI 53217 | | C | Various Services Rendered | | | | 200.00 |
| ACCOUNT NO. | | C | | | | | |
| Cedarburg Family Denistry, LLC Attn: Billing Office W64 N728 Washington Avenue Cedarburg, WI 53012 | | | | | | | |

Sheet no. 7 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 4,750.26
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | C | | 2007-04-03 Collection Account | | | | 448.00 |
| Cedarburg Fire Department, The Attn: Business Office Post Office Box 327 Cedarburg, WI 53012 | | | | | | | |
| Falls Collection Service N114 W19225 Clinton Drive Germantown, WI 54220 | | | | | | | |
| Federated Adjustment Company 7929 North Port Washington Road Milwaukee, WI 53217 | | | | | | | |
| ACCOUNT NO. | C | | Various Utility Service | | | | 242.42 |
| Cedarburg Light and Water Utility Attn: Bankruptcy Department N30 W5926 Lincoln Boulevard Cedarburg, WI 53012 | | | | | | | |
| ACCOUNT NO. | C | | 2003 Notice only | | | | 0.00 |
| Cenlar Central Loan Administration Attn: Bankruptcy Department 425 Phillips Boulevard Ewing, NY 08618 | | | | | | | |

Sheet no. 8 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal ➤ \$ **690.42**
Total ➤ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. | | C | 2005-10-05 Credit Card | | | | 12,535.00 |
| Chase Attn: Customer Service 800 Brookside Boulevard Westerville, OH 43801 | | | | | | | |
| ACI-American Coradius International Re: Chase Bank USA, N.A. 2420 Sweet Home Road, Suite 150 Amherst, NY 14228-2244 | | | | | | | |
| ACCOUNT NO. | | C | Various Credit Card - Business | | | | 5,000.00 |
| Chase Bank USA National Enterprise Systems 29125 Solon Road Solon, OH 44139 | | | | | | | |
| ACCOUNT NO. | | C | 2005-05-10 Credit Card | | | | 2,981.00 |
| Chase Visa Credit Card Services Attn: Bankruptcy Department 225 Chastain Meadows Court Kennesaw, GA 30144 | | | | | | | |
| ACCOUNT NO. | | C | Various Medical Bill | | | | 1,380.00 |
| Children's Medical Group Attn: Billing Office P.O. Box 78841 Milwaukee, WI 53278-0841 | | | | | | | |

Sheet no. 9 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

| | |
|------------|--------------|
| Subtotal > | \$ 21,896.00 |
| Total > | \$ |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODETOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business Phone | | | | 7,000.00 |
| Choice One Communications Attn: Billing Office 10101 Innovation Drive Suite 600 Milwaukee, WI 53226 | | | | | | | |
| ACCOUNT NO. | | C | Various Charge Account | | | | 2,800.00 |
| Circuit City/Chase Attn: Customer Service P.O. Box 100019 Kennesaw, GA 30156 | | | | | | | |
| ACCOUNT NO. | | C | Various Parking Tickets | | | | 1,000.00 |
| City of Milwaukee Violations Bureau P.O. Box 346 Milwaukee, WI 53201-0346 | | | | | | | |
| Kohn Law Firm 312 East Wisconsin Avenue Suite 501 Milwaukee, WI 53202 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 285.00 |
| Cleaning Plus Attn: Billing Office Manager 1000 North Wisconsin Avenue Port Washington, WI 53074 | | | | | | | |

Sheet no. 10 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 11,085.00
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODETOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|---------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | C | | | | | | 12,000.00 |
| Clear Channel Attn: Billing Office Manager 12100 West Howard Avenue Greenfield, WI 53220 | | | Various Services Rendered - Business Advertising | | | | |
| ACCOUNT NO. | C | | | | | | 1,738.72 |
| Client Services, Inc. Attn: Bankruptcy Department 3451 Harry Truman Boulevard St. Charles, MO 63301 | | | Various Business Services | | | | |
| ACCOUNT NO. | C | | | | | | 1,500.00 |
| Cook, Regina Y. 339 West Burnham Street, Apt. 2 Milwaukee, WI 53204 | | | Various Business-Past Due Payroll | | | | |
| ACCOUNT NO. | C | | | | | | 194,354.00 |
| Countrywide Home Loans Attn: Bankruptcy Department 450 American Street Simi Valley, CA 93065 | | | 05/01/2205 55 The Greenway Loop Panama City Beach FL 32413 | | | | |
| ACCOUNT NO. | C | | | | | | 350.00 |
| CPS Parking of Milwaukee Attn: Collections Offices 100 East Wisconsin Avenue Suite 230 Milwaukee, WI 53202 | | | Various Services Rendered | | | | |

Sheet no. 11 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal ➤ \$ 209,942.72
\$
\$
Total ➤ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 1,200.00 |
| Credit Infonet 4540 Honeywell Court Dayton, OH 45424 | | | | | | | |
| ACCOUNT NO. | | C | Various Collection Account - Business | | | | 600.00 |
| Crown Financial, LLC Attn: Bankruptcy Department 100 Lansdowne Street, Suite 507 Cambridge, MA 02139 | | | | | | | |
| A&S Collection Associates, Inc. P.O. Box 395 Williamstown, VT 02139 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 1,500.00 |
| CT Corporation System, Inc. 208 South LaSalle Street, Suite 814 Chicago, IL 60604 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business/Credit Card Processing | | | | 150.00 |
| Cynergydata Attn: Bankruptcy Department 109-15 14th Avenue, Suite 200 College Point, NY 11356 | | | | | | | |

Sheet no. 12 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 3,450.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | | | | | 125.44 |
| Day Knight and Associates Tru Green P.O. Box 5 Grover, MO 63040 | | | Various Collection Account - Tru Green | | | | |
| ACCOUNT NO. | | C | | | | | 2,500.00 |
| DCW Appasials Attn: Bankruptcy Department 323 Fredonia Avenue Fredonia, WI 53021 | | | Various Services Rendered - Business | | | | |
| ACCOUNT NO. | | C | | | | | 1,200.00 |
| Dell Financial Services Attn: Bankruptcy Department 12234 North I-35 Austin, TX 78543 | | | Various Services Rendered - Business | | | | |
| ACCOUNT NO. | | C | | | | | 400.00 |
| Direct TV Attn: Bankruptcy Notification Ctr P.O. Box 70014 Boise, ID 83707-0114 | | | Various Services Rendered | | | | |
| ACCOUNT NO. | | C | | | | | 1,500.00 |
| Domnitz Mawicke Law Offices Attn: Accounts Receivable 1509 North Prospect Avenue Milwaukee, WI 53202 | | | Various Services Rendered - Business | | | | |

Sheet no. 13 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal ➤ \$ 5,725.44
Total ➤ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Medical Bill | | | | 100.00 |
| Dynacare Laboratories Attn: Collections P.O. Box 26157 Wauwatosa, WI 53226-0157 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 111.00 |
| Ebay, Inc. Attn: Bankruptcy Department 2005 Hamilton Avenue, Suite 350 San Jose, CA 95125 | | | | | | | |
| ACCOUNT NO. | | C | Various Business Service Cancellation Charge | | | | 700.00 |
| EFAX J2 Global Communications, inc. Attn: Billing Office 6922 Hollywood Boulevard Fifth Floor Los Angeles, CA 90028 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 977.50 |
| Elmbrook Family Counseling Attn: Billing Office 12690 West North Avenue Brookfield, WI 53005 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 4,000.00 |
| Equifax Credit P.O.Box 740241 Atlanta, GA 30374 | | | | | | | |

Sheet no. 14 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 5,888.50
\$
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Medical Bill | | | | 195.00 |
| Family Practice Associates Attn: Dr. Duufy/Billing Office W62 N179 Washington Avenue Cedarburg, WI 53012 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business Account | | | | 613.12 |
| Federal Express Attn: Bankruptcy Department P.O. Box 965 Brookfield, WI 53008 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 2,000.00 |
| First American Credit Company Attn: Bankruptcy Department 12395 First American Way Poway, CA 92064 | | | | | | | |
| Frist American Credit Services Ins. 825 East Gate Blvd, Suite 310 Garden City, NY 11530 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 1,700.00 |
| First Choice Appraisals, Inc. Attn: Bankruptcy Department 200 Regency Court, Suite 200 Brookfield, WI 53045 | | | | | | | |

Sheet no. 15 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 4,508.12

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 8,000.00 |
| Foley & Lardner, LLP Attn: Billing Office Manager 777 East Wisconsin Avenue Milwaukee, WI 53202 | | | | | | | |
| ACCOUNT NO. | | C | Various Lease | | | | 3,500.00 |
| Foster, Mr. and Mrs. 4825 River Heights Drive Manitowoc, WI 54220 | | | | | | | |
| ACCOUNT NO. | | C | Various Business-Past Due Payroll | | | | 1,500.00 |
| Fowler, Susan A. 4665 South 110th Street Greenfield, WI 53228 | | | | | | | |
| ACCOUNT NO. | | C | 2005-08-09 Charge Account | | | | 1,220.00 |
| Gap/GEMB Attn: Customer Service P.O. Box 981400 El Paso, TX 79998 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business Phones | | | | 1,000.00 |
| Global Communications 200 East Randolph Street, 23rd Fl Chicago, IL 60601 | | | | | | | |

Sheet no. 16 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 15,220.00
\$
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Business-Payroll Due Payroll | | | | 1,000.00 |
| Gonzalez, Venesa M. 2949 South 14th Street Milwaukee, WI 53215 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 300.00 |
| Google, Inc. Attn: Bankruptcy Office 1600 Amphitheatre Parkway Mountain View, CA 94043 In Re: Adwords Account | | | | | | | |
| ACCOUNT NO. | | C | 2007-07-26 Collection Account | | | | 117.00 |
| Grafton State Bank Attn: Customer Service 7955 Highway 60 Cedarburg, WI 53012 | | | | | | | |
| Oshkosh Collections P.O. Box 192 Oshkosh, WI 54903 | | | | | | | |

Sheet no. 17 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,417.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|---|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. 2006SC001037 | | C | 10/19/2006 Replevin Judgment | | | | 389.53 |
| Grafton State Bank Attn: Customer Service 7955 Highway 60 Cedarburg, WI 53012 | | | | | | | |
| Ozaukee County Circuit Court Attn: Clerk, In. Re: 2006SC001037 Ozaukee County Justice Center 1201 South Spring Street Port Washington, WI 53074 | | | | | | | |
| Attorney Michael W. Rohr Krawczyk & Duginski, S.C 5445 South Westridge Drive P.O. Box 510377 New Berlin, Wisconsin 53151 | | | | | | | |
| ACCOUNT NO. | | C | Various Balance due on Corvette(See SOFA) | | | | 30,000.00 |
| Grafton State Bank Attn: Customer Service 7955 Highway 60 Cedarburg, WI 53012 | | | | | | | |
| ACCOUNT NO. | | C | 2007 Balance due on Hummer (See SOFA) | | | | 35,000.00 |
| Grafton State Bank Attn: Customer Service 7955 Highway 60 Cedarburg, WI 53012 | | | | | | | |

Sheet no. 18 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ **65,389.53**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|---|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. | | C | 2007 Business-Past Due Payroll | | | | 1,500.00 |
| Griffith, Stephanie 3440 North Booth Street Milwaukee, WI 53212 | | | | | | | |
| ACCOUNT NO. | | C | Various Utility Service | | | | 1,000.00 |
| Gulf Power Attn: Bankruptcy Department One Energy Place Pensacola, FL 32520 | | | | | | | |
| ACCOUNT NO. | | C | Various NSF Check | | | | 106.00 |
| Hansen Brothers Attn: Manager 7704 West Appleton Avenue Milwaukee, WI 53218 | | | | | | | |
| ACCOUNT NO. | | C | Various PD Business Lease | | | | 10,000.00 |
| Hawthorne Partners Attn: Bankruptcy Department 708 Keup Road Cedarburg, WI 53012 | | | | | | | |

Sheet no. 19 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 12,606.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | C | | | | | | 0.00 |
| HSBC Bank Attn: Bankruptcy Department 4828 Loop Central Drive Houston, TX 77081 | | | Various Notice only | | | | |
| Attorney Steven Zablocki Gray & Associates, L.L.P. Suite 300 600 North Broadway Milwaukee, WI 53202 | | | | | | | |
| Mortgage Electronic Reg. Systems Attn: Bankruptcy Department 1595 Spring Hill Road Vienna, VA 22182 | | | | | | | |
| State of WI, Bureau of Child Supt 17 West Main Street Dept. of Workforce Development Madison, WI 53703 | | | | | | | |
| Ozaukee County Circuit Court Attn: Clerk, In. Re: 2006CV000432 Ozaukee County Justice Center 1201 South Spring Street Port Washington, WI 53074 | | | | | | | |
| ACCOUNT NO. | C | | 2006-12 Collection Account - Medical | | | | 254.00 |
| Infinity Healthcare Physicians Attn: Billing Office 111 East Wisconsin Avenue Suite 2100 Milwaukee, WI 53202 | | | | | | | |
| Federated Adjustment Company 7929 North Port Washington Road Milwaukee, WI 53217 | | | | | | | |

Sheet no. 20 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 254.00
\$
\$
Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. | | C | 2006-11 Collection Account - Medical | | | | 67.00 |
| Infinity Healthcare Physicians Attn: Billing Office 111 East Wisconsin Avenue Suite 2100 Milwaukee, WI 53202 | | | | | | | |
| Federated Adjustment Company 7929 North Port Washington Road Milwaukee, WI 53217 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 58,000.00 |
| Inter Tel Leasing Attn: Customer Service 1140 West Loop North Houston, TX 77055 | | | | | | | |
| ACCOUNT NO. | | C | Various Business | | | | 500.00 |
| Interactive Financial MA 114 Virginia Street Richmond, VA 23219 | | | | | | | |
| ACCOUNT NO. | | C | 04/01/2005 Notice only | | | | 0.00 |
| Irwin Home Equity Attn: Bankruptcy Department 12677 Alcosta Boulevard, Suite 5 San Ramon, CA 94583 | | | | | | | |
| S&A Stawiarski 6560 Greenwood Plaza Boulevard Suite 325 Englewood, CO 80111 | | | | | | | |

Sheet no. 21 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 58,567.00
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Landscaping | | | | 556.14 |
| J&H Excavating Attn: Billing Office 3401 East Forest Hill Oak Creek, WI 5354 | | | | | | | |
| ACCOUNT NO. | | C | 2007-12-10 Services Rendered | | | | 648.94 |
| J.R. Plumbing, Inc, Attn: Billing Office Manager 16817 W.Greenfield Avenue New Berlin, WI 53151-1362 | | | | | | | |
| ACCOUNT NO. | | C | Various Renter | | | | 1,095.00 |
| Johns-Ghazarian, Kelly M 9401 Roberts Drive, Unit 37A Atlanta, GA 30350 | | | | | | | |
| ACCOUNT NO. | | C | Various Credit card | | | | 9,000.00 |
| JP Morgan Chase Attn: Bankruptcy Department 270 Park Avenue New York City, NY 10017 | | | | | | | |

Sheet no. 22 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 11,300.08
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. 2006CV000578 | C | | Various Notice only | | | | 0.00 |
| JP Morgan Chase Bank, NA Attn: Bankruptcy Department 800 State Highway 121 BY Lewisville, TX 75067 | | | | | | | |
| Attorney Jay Pitner Gray & Associates, L.L.P. Suite 300 600 N. Broadway Milwaukee, WI 53202 | | | | | | | |
| Ozaukee County Circuit Court Attn: Clerk, In. Re: 2006CV00578 Ozaukee County Justice Center 1201 South Spring Street Port Washington, WI 53074 | | | | | | | |
| ACCOUNT NO. | C | | 2007-06 Collection Account | | | | 1,063.00 |
| Kim, Michael I DDS Attn: Billing Office 10033N Port Washington Road Suite 150 Mequon, WI 53092 | | | | | | | |
| Security Collections, Inc. 6531 West Lincoln Avenue Milwaukee, WI 53219 | | | | | | | |
| ACCOUNT NO. | C | | Various Services Rendered | | | | 3,000.00 |
| KKCPA, S.C. Attn: Billing Office Manger 135 West Wells Street, Suite 318 Milwaukee, WI 53203 | | | | | | | |

Sheet no. 23 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ **4,063.00**
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|---|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 3,500.00 |
| Knoll/Facutal Data 5200 Hans Peak Drive Loveland, CO 80053 | | | | | | | |
| ACCOUNT NO. | | C | 2006-03-06 Credit Card | | | | 861.00 |
| Kohls/Chase Attn: Recovery N56 W1700 Ridgewood Road Menomonee Falls, WI 53051 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 350.00 |
| Kons Septic Services Attn: Billing Office N112 W14545 Mequon Road Germantown, WI 53022 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered-Business | | | | 800.00 |
| Kramer Engineering 10200 Innovation Drive Suite 200 Milwaukee, WI 53226 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 800.00 |
| Krueger Communications Attn: Billing Office 12515 Knoll Road P.O. Box 618 Elm Grove, WI 53122 | | | | | | | |

Sheet no. 24 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal ➤ \$ 6,311.00
Total ➤ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. WallowDebtorsCase No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Medical Bill | | | | 355.00 |
| Lakeshore Eye Care Professionals Attn: Billing Office 11307 North Port Washington Road Mequon, WI 53092 | | | | | | | |
| Transworld Systems Lakeshore Eye P.O.Box 1864 Santa Rosa, ca 95402 | | C | Various | | | | 3,000.00 |
| Land American Info 1 Attn: Billing Office 2119 Smithtown Avenue Ronkonmoma, NY 11779-7375 | | | Services Rendered- Business/Credit Card Reports | | | | |
| ACCOUNT NO. | | C | Various Notice Only | | | | 0.00 |
| Landmark Credit Services 2 Concourse Parkway NE Atlanta, GA 30350 | | | | | | | |
| ACCOUNT NO. | | C | Various Notice only | | | | 0.00 |
| Landmark Credit Services 2 Concourse Parkway NE Atlanta, GA 30350 | | | | | | | |

Sheet no. 25 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 3,355.00
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|---|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | 2007-02 Collection Account | | | | 3,512.00 |
| Landmark on the Lake Attn: Business Office 1660 North Prospect Avenue Milwaukee, WI 53202 | | | | | | | |
| Recovery Solutions 2525 North Mayfair Road, Suite 80 Wauwatosa, WI 53226 | | C | Various Services Rendered/Business Credit Reports | | | | 4,000.00 |
| ACCOUNT NO. | | C | 04/01/2005 Notice only | | | | 0.00 |
| Litton Loan Servicing Attn: Bankruptcy Department 4828 Loop Central Drive Houston, TX 77081 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 500.00 |
| Live, Pat 2024 North Point Boulevard Tallahassee, FL 32308 | | | | | | | |

Sheet no. 26 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 8,012.00
\$
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. 2008SC000084 | C | | 2008-01-18 Small Claims Judgment | | | | 2,423.74 |
| Livingston Financial, LLC Attn: Billing Office 3033 Campus Drive, Suite 250 c/o Messerli & Kramer Plymouth, MN 55441 | | | | | | | |
| Ozaukee County Circuit Court Attn: Clerk, In. Re: 2008SC000084 Ozaukee County Justice Center 1201 South Spring Street Port Washington, WI 53074 | | | | | | | |
| Attorney Brian Chou Messerli & Kramer, PA 3033 Campus Drive, Suite 250 Plymouth, MN 55441 | | | | | | | |
| ACCOUNT NO. | C | | 2005-10-01 Charge Account | | | | 1,251.00 |
| Macys/MCYDSNB Attn: Customer Service 9111 Duke Boulevard Mason, OH 45040 | | | | | | | |
| ACCOUNT NO. | C | | Various Services Rendered - Business | | | | 2,500.00 |
| Mallery & Zimmerman Attn: Accounts Receivable 731 North Jackson Street, 9th Floor Milwaukee, WI 53202 | | | | | | | |
| ACCOUNT NO. | C | | Various Business - Past Due Payroll | | | | 1,000.00 |
| Masnica, Kelly A. 333 Franklin Street Port Washington, WI 53211 | | | | | | | |

Sheet no. 27 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

| | |
|------------|--------------------|
| Subtotal > | \$ 7,174.74 |
| | |
| Total > | \$ |
| | |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | C | | 2007-09-11 Factoring Company Account | | | | 5,985.00 |
| MBNA n/k/a Bank of America Attn: Customer Service PO Box 15726 Wilmington DE 19866-5726 | | | | | | | |
| Portfolio Recoveries 120 Corporate Boulevard, Suite 1 Norfolk, VA 23502 | | C | Various Services Rendered | | | | 6,500.00 |
| ACCOUNT NO. | C | | | | | | |
| McLeod USA Attn: Bankruptcy Department 111 West Jackson Boulevard Suite 1200 Chicago, IL 60604 | | | | | | | |
| ACCOUNT NO. | C | | 2006-12-08 Collection Account- Medical | | | | 309.00 |
| MEA-Lakeland Attn: Billing Office W3985 County Road NN Elkhorn, WI 53121 | | | | | | | |
| State Collection Service 2509 S. Stoughton Road Madison, WI 53716 | | | | | | | |
| ACCOUNT NO. | C | | 2006-09-29 Collection Acoount | | | | 439.00 |
| Mediacom Attn: Bankruptcy Department 2814 E Hwy 390 Suite D Panama City, FL 32405 | | | | | | | |
| Credit Protection Assoc. 1355 Noel Road, Suite 2100 Dallas, TX 75240 | | | | | | | |

Sheet no. 28 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 13,233.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. | | C | Various Products/Services - Consumer | | | | 19.95 |
| Microsoft Attn: Bankruptcy Department P.O. Box 14647 Tucson, AZ 85732 | | | | | | | |
| ACCOUNT NO. | | C | 2006-07-25 Credit Card | | | | 6,016.00 |
| Monogram Bank/Bank of America Attn: Bankruptcy 4060 Ogletown/Stan De5-019-03-07 Newark, DE 19713 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 349.99 |
| Monster 5 South Clock Tower Place Suite 500 Maynard, MA 01754 | | | | | | | |
| ACCOUNT NO. | | C | Various Services | | | | 10,000.00 |
| MPC-R, LLC/Hub Granger Attn: Bankruptcy Department 1425 West Mequon Road, Suite C Mequon, WI 53092 | | | | | | | |
| Lifetime Legal Services, S.C. c/o Attorney Steven D. Mayer 788 North Jefferson Street Suite 900 Milwaukee, WI 53202 | | | | | | | |

Sheet no. 29 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal ➤ \$ 16,385.94
Total ➤ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 900.00 |
| Mr. Mover Attn: Billing Office P.O. Box 386 Grafton, WI 53024 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 700.00 |
| Murn Law Offices Attn: Accounts Receivable W229 N1792 Amber Lane Waukesha, WI 53186 | | | | | | | |
| ACCOUNT NO. | | C | Various Notice Only | | | | 0.00 |
| National Enterprise via Nes Nat'l System 29125 Solon Road Solon, OH 44139 | | | | | | | |
| ACCOUNT NO. | | C | Various Products/Services - Consumer | | | | 350.00 |
| New Berlin Pool and Spa Attn: Billing Office Manager 16040 West National Avenue New Berlin, WI 53151 | | | | | | | |
| ACCOUNT NO. | | C | Various Medical Bills | | | | 1,200.00 |
| North Shore Pediatrics Attn: Billing Office 10046 North Port Washington Road Mequon, WI 53092 | | | | | | | |

Sheet no. 30 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 3,150.00
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|---|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. 2008SC0008 | | C | 01/04/2008 Small Claims Judgment | | | | 395.21 |
| Northshore Window Cleaning Co. Attn: Harry Heiden P.O. Box 443 Grafton, WI 53024 | | | | | | | |
| Ozaukee County Circuit Court Attn: Clerk, In. Re: 2008SC0008 Ozaukee County Justice Center 1201 South Spring Street Port Washington, WI 53074 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Landscaping | | | | 310.00 |
| Oberndorfer Landscape Development Attn: Billing Office 10314 North Grasslyn Road Meqon, WI 53092 | | | | | | | |
| ACCOUNT NO. | | C | Various Medical Bill | | | | 210.80 |
| Obstetrics & Gynecology, S.C. Attn: Billing Office 3040 North 117th Street, Suite 200 Wauwatosa, WI 53222 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 3,500.00 |
| Office Max Attn: Bankruptcy Department 515 Kehoe Boulevard Carol Stream, IL 60188 | | | | | | | |

Sheet no. 31 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ **4,416.01**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Lease - Business | | | | 12,000.00 |
| Ogden and Company, Inc. Attn: Accounts Receivable 1665 North Water Street Milwaukee, WI 53202 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business Phone | | | | 6,000.00 |
| One Communications Attn: Billing Office 2150 Holmgren Way Green Bay, WI 54304 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 1,777.50 |
| O'Neil, Cannon, Hollman, DeJong S.C. Attn: Billing Office Manager 607 N. 8th Street, Suite 400 Sheboygan, Wisconsin 53081 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 6,500.00 |
| Paychex Attn: Bankruptcy Department 911 Panama Trail South Rochester, NY 14625-0397 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 1,200.00 |
| Pitney Bowes, Inc. Attn: Bankruptcy Department One Elm Croft Road Stanford, CT 06926 | | | | | | | |

Sheet no. 32 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 27,477.50
\$
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|---|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 1,200.00 |
| Postini, Inc. Google, Inc. 1600 Amphitheatre Parkway Mountin View, CA 94043 | | | | | | | |
| ACCOUNT NO. | | C | Various Products/Services - Consumer | | | | 45.90 |
| ProActive Solutions c/o SKO Brenner American 40 Daniel Street P.O. Box 230 Farmingdale, NY 11735-0230 | | | | | | | |
| ACCOUNT NO. | | C | Various Products/Services/Supplies - Business | | | | 3,600.00 |
| Quill Corporation Attn: Bankruptcy Department P.O. Box 94081 Pallentine, IL 60094 | | | | | | | |
| ACCOUNT NO. | | C | Various Lease - Business | | | | 12,000.00 |
| Ranger, Hub and Craig 6901 North Rockledge Glendale, WI 53209 | | | | | | | |
| Lifetime Legal Services, S.C. c/o Attorney Steven D. Mayer 788 North Jefferson Street Suite 900 Milwaukee, WI 53202 | | | | | | | |

Sheet no. 33 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 16,845.90
\$
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Utility Service | | | | 34.74 |
| Regional Utilities Attn: Billing Office 70 Logan Lane Grayton Beach Business Center Santa Rosa Beach, FL 32459 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 1,000.00 |
| Regus, Group/HQ Attn: Billing Office 250 East Wisconsin Avenue Suite 1800 Milwaukee, WI 53202 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 2,000.00 |
| Reinhart Boerner Law Office Attn: Accounts Receivable 1000 North Water Street P.O. Box 2965 Milwaukee, WI 53202 | | | | | | | |
| ACCOUNT NO. | | C | 2007-09 Collection Account - Medical | | | | 148.00 |
| Rohr, John MD Attn: Billing Office 1220 Dewey Avenue Milwaukee, WI 53213 | | | | | | | |
| Security Collections, Inc. 6531 West Lincoln Avenue Milwaukee, WI 53219 | | | | | | | |

Sheet no. 34 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 3,182.74
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | C | | Various Medical Bill | | | | 311.00 |
| Rubin, Ed 5800 North Bayshore Drive Suite B230 Glendale, WI 53217 | | | | | | | |
| ACCOUNT NO. | C | | 2005-06-18 Charge Account | | | | 382.00 |
| Saks/HSBC Attn: Bankruptcy Department P.O. Box 15521 Wilmington, DE 19805 | | | | | | | |
| ACCOUNT NO. | C | | Various Busniess - Past Due Payroll | | | | 1,500.00 |
| Sawicki, Eric T. 142 Amanda Court Mukwonago, WI 53149 | | | | | | | |
| ACCOUNT NO. | C | | Various Business - Past Due Payroll | | | | 1,000.00 |
| Scott, Sarah A. 2308 North 81st Street, Apt. 2 Wauwatosa, WI 53213 | | | | | | | |
| ACCOUNT NO. | C | | Various Fees on condo | | | | 3,144.66 |
| Seacrest Beach Home Owners Assoc. c/o The Association Office, Inc. P.O. Box 611707 Rosemary Beach, FL 32461 | | | | | | | |

Sheet no. 35 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 6,337.66

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|---|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Business - Past Due Payroll | | | | 1,000.00 |
| Shaw, Destiny T. 4505 North 29th Street Milwaukee, WI 53206 | | | | | | | |
| ACCOUNT NO. | | C | Various Notice Only | | | | 0.00 |
| Shaw, Kimberly 4266 North 24th Street Milwaukee, WI 53209 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 1,700.00 |
| Sprint PSC Customer Solutions Attn: Bankruptcy Department P.O. Box 8077 London, KY 40742 | | | | | | | |
| Collectech Systems, Inc. P.O. Box 361567 Columbus, OH 43236 | | | | | | | |
| ACCOUNT NO. | X | C | Various Notice only | | | | 0.00 |
| St. Francis Mortgage Attn: Bankruptcy Department 2448 South 102nd Street, Suite 250 West Allis, WI 53227 | | | | | | | |

Sheet no. 36 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,700.00
\$
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | C | | Various Collection Account - Medical | | | | 0.00 |
| St. Mary's Hospital - Ozaukee Attn: Billing Office 13111 N. Port Washington Road Mequon, WI 53097 | | | | | | | |
| OSI Collection Services, Inc. P.O. Box 959 Brookfield, WI 53008-0959 | C | | 2007-01-01 Child Support | | | | 4,889.00 |
| ACCOUNT NO. | C | | Various Services | | | | 1,348.70 |
| State of WI, Dept. of Workforce Dev. Div. of Workforce Solutions Bureau of Child Support P.O. Box 07914 Milwaukee, WI 53207 | | | | | | | |
| Milwaukee County Circuit Court Attn: Record Room, G9 Re: Docket 205548 901 North 9th Street Milwaukee, WI 53233 | | | | | | | |
| ACCOUNT NO. | C | | | | | | |
| Stenograph Attn: Billing Office 1600 Bishop Court Mount Prospect, IL 60056 | | | | | | | |
| Beihel and Beihel 411 East Irving Park Road Bensenville, IL 60106 | | | | | | | |

Sheet no. 37 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,348.70

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 169.65 |
| Swimming Pool Services Attn: Billing Office W200 N1563 Jericho Court Waukesha, WI 53186 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business Phone | | | | 6,000.00 |
| TDS Metrocom Attn: Bankruptcy Department 20875 Crossroads Circle, Suite 800 Waukesha, WI 53186-2070 | | | | | | | |
| ACCOUNT NO. | | C | Various Loan | | | X | 300,000.00 |
| The Money Tree Financial Attn: Bankruptcy Department 14135 North Cedarburg Road Mequon, WI 53097 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 750.00 |
| Time Warner Cable Attn: Billing Office 2323 N. Martin Luther King Jr., Dr Milwaukee, WI 53212 | | | | | | | |

Sheet no. 38 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 306,919.65
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | C | | 2007/04 Collection Account | | | | 214.00 |
| Time Warner Cable Attn: Billing Office 2323 N. Martin Luther King Jr., Dr Milwaukee, WI 53212 | | | | | | | |
| Falls Collection Service N114 W19225 Clinton Drive Germantown, WI 54220 | | C | Various Products/Services -Business/Lease-Equipment | | | | 10,000.00 |
| ACCOUNT NO. | | C | | | | | |
| Toner Sales Attn: Billing Office 8858 West Schlenger Milwaukee, WI 53214 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Business | | | | 800.00 |
| UPS Attn: Bankruptcy Department 55 Glen Lake Parkway NE Atlanta, GA 30328 | | | | | | | |
| ACCOUNT NO. | | C | 08/21/2000 Mortgage on 8026 W Medford St | | | | 49,395.00 |
| US Bank Corp. Attn: Customer Service P.O. Box 790084 Saint Louis, MO 63179 | | | | | | | |
| NOTE: Property was sold to first mortgage holder at sheriff's sale | | | | | | | |

Sheet no. 39 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 60,409.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Trash Pick-up | | | | 100.00 |
| Veolia ES Solid Waste Midwest, Inc. Attn: Bankruptcy Department 8121 Innovation Way Chicago, IL 60682 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 0.00 |
| Verizon Wireless Attn: Bankruptcy Department 777 Big Timber Road, Suite 1400 Elgin, IL 60123 | | | | | | | |
| ACCOUNT NO. | | C | 05/01/2000 Notice only | | | X | 0.00 |
| Wachovia Mortgage, FSB Attn: Bankruptcy Department 4101 Wiseman Boulevard, MC-T San Antonio, TX 78251 | | | | | | | |
| ACCOUNT NO. | | C | Various Notice only | | | | 0.00 |
| Washington Mutual Attn: Bankruptcy Department 7757 Bayberry Road Jacksonville, FL 32256 | | | | | | | |
| ACCOUNT NO. | | C | Various Utility Service - Business | | | | 1,200.00 |
| We Energies Bankruptcy Department, Room A130 333 West Everett Street Milwaukee, WI 53203 | | | | | | | |

Sheet no. 40 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,300.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | | C | Various Utility Service - Homestead | | | | 6,000.00 |
| We Energies Bankruptcy Department, Room A130 333 West Everett Street Milwaukee, WI 53203 | | | | | | | |
| ACCOUNT NO. | | C | Various Business - Past Due Payroll | | | | 700.00 |
| Weix, Maria E. 3277 North Summit Avenue Milwaukee, WI 53211 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered | | | | 1,500.00 |
| West Bend Fence/A-1 Pools, Inc. Attn: Bankruptcy Department 1168 North Main Street West Bend, WI 53090 | | | | | | | |
| ACCOUNT NO. | | C | Various Services Rendered - Cell Phone | | | | 800.00 |
| Westel Milwaukee d/b/a Cellular One P.O. Box 298 Waukesha, WI 53187 | | | | | | | |
| ACCOUNT NO. | | C | 2005-10 Utility Service | | | | 547.00 |
| WI Electric Power Co. n/k/a We Ener Attn: Bankruptcy Dept., Room A130 333 West Everett Street Milwaukee, WI 53203 | | | | | | | |

Sheet no. 41 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 9,547.00
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---|---|------------|--------------|----------|--------------------|
| | | | | | | | |
| ACCOUNT NO. | C | | Various Services Rendered - Business Phone | | | | 6,000.00 |
| Winstar Communications, Inc. 685 Third Avenue New York City, NY 10017 | | | | | | | |
| ACCOUNT NO. | C | | 2006-07-17 Collection Account-Medical | | | | 526.00 |
| Wisconsin Community Mental Health C Attn: Billing Office 155 East Capitol Drive, Suite 1 Hartland, WI 53029 | | | | | | | |
| Americollect, Inc. 814 South 8th Street Manitowoc, WI 54220 | | | | | | | |
| ACCOUNT NO. | C | | 2006-11 Collection Account - Medical | | | | 53.00 |
| Wisconsin Radiology Spec. Attn: Business Office Manager P.O. Box 2350 Brookfield, WI 53008-2350 | | | | | | | |
| OAC 4763 South Packard Avenue Cudahy, WI 53110 | | | | | | | |

Sheet no. 42 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal > \$ 6,579.00
\$
Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. | C | | 2004 | | | | 0.00 |
| World Savings c/o World Savings Bank Attn: Foreclosure Department 4101 Wiseman Boulevard San Antonio, TX 78251 | | | Notice only | | | | |
| Attorney Duncan Delhey Gray & Associates, L.L.P. Suite 300 600 North Broadway Milwaukee, WI 53202 | | | | | | | |
| Milwaukee County Circuit Court Attn: Record Room, G9 Re: 2006CV009667 901 North 9th Street Milwaukee, WI 53233 | | | | | | | |
| US Bank National Association 4325 17th Avenue SW Fargo, ND 58103 | | | | | | | |
| Attorney Gunar John Blumberg Blumberg & Associates, LLC 39 South LaSalle Street, Suite 400 Chicago, IL 60603 | | | | | | | |

Sheet no. 43 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal ➤ \$ 0.00

Total ➤ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--------------------------------------|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. 2006SC001581 | | C | 01/16/2006 Small Claims Judgment | | | | 706.63 |
| Zimmerman & Steber Legal Group, S.C. 385 Williamstowne, Suite 207 Delafield, WI 53018 | | | | | | | |
| Milwaukee County Circuit Court Attn: Record Room, G9 Re: 2006SC001581 901 North 9th Street Milwaukee, WI 53233 | | | | | | | |
| Attorney Michael Stebler Zimmerman & Steber Legal Group S.C. 385 Williamstowne, Suite 207 Delafield, WI 53018 | | | | | | | |
| Money Tree Financial Services, Inc. 1661 North Water Street, suite 401 Milwaukee, WI 53202 | | | | | | | |

Sheet no. 44 of 44 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

| | |
|------------|------------------------|
| Subtotal > | \$ 706.63 |
| Total > | \$ 2,351,614.23 |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re: Adam J. Wallow Amy K. Wallow
DebtorsCase No. 08-23635-pp
(If known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|--|
| | |

In re: Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp
(If known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|---|
| Current, Jason T. | St. Francis Mortgage Attn: Bankruptcy Department 2448 South 102nd Street, Suite 250 West Allis, WI 53227 |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| | | |
|--|--|--|
| Debtor's Marital Status: Married | DEPENDENTS OF DEBTOR AND SPOUSE | |
| | RELATIONSHIP(S): Son Son Daughter Daughter | AGE(S): 16 6 5 5 |
| Employment: Unemployed | DEBTOR | SPOUSE |
| Occupation Unemployed | Court Reporter | |
| Name of Employer | | |
| How long employed | 6 Months | |
| Address of Employer | | |

INCOME: (Estimate of average or projected monthly income at time case filed)

| | DEBTOR | SPOUSE |
|---|--------------------|--------------------|
| 1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly.) | \$ <u>0.00</u> | \$ <u>3,062.11</u> |
| 2. Estimate monthly overtime | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 3. SUBTOTAL | \$ 0.00 | \$ 3,062.11 |
| 4. LESS PAYROLL DEDUCTIONS | | |
| a. Payroll taxes and social security | \$ <u>0.00</u> | \$ <u>591.11</u> |
| b. Insurance | \$ <u>0.00</u> | \$ <u>368.33</u> |
| c. Union dues | \$ <u>0.00</u> | \$ <u>0.00</u> |
| d. Other (Specify) _____ | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5. SUBTOTAL OF PAYROLL DEDUCTIONS | \$ 0.00 | \$ 959.44 |
| 6. TOTAL NET MONTHLY TAKE HOME PAY | \$ 0.00 | \$ 2,102.66 |
| 7. Regular income from operation of business or profession or farm (Attach detailed statement) | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8. Income from real property | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 9. Interest and dividends | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above. | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 11. Social security or other government assistance (Specify) _____ | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 12. Pension or retirement income | \$ <u>5,000.00</u> | \$ <u>0.00</u> |
| 13. Other monthly income (Specify) _____ | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 14. SUBTOTAL OF LINES 7 THROUGH 13 | \$ 5,000.00 | \$ 0.00 |
| 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14) | \$ 5,000.00 | \$ 2,102.66 |
| 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15) | \$ 7,102.66 | |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Yes Husband started working May 5, 2008 and debtors lived off retirement funds. Retirement income withdrawals varied

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| | |
|--|--------------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ <u>3,555.00</u> |
| a. Are real estate taxes included? Yes <u> </u> No <u>✓</u> | |
| b. Is property insurance included? Yes <u> </u> No <u>✓</u> | |
| 2. Utilities: a. Electricity and heating fuel | \$ <u>550.00</u> |
| b. Water and sewer | \$ <u>0.00</u> |
| c. Telephone | \$ <u>109.00</u> |
| d. Other <u>Internet/Cable/Television</u> | \$ <u>100.00</u> |
| <u>Trash Pick-Up</u> | \$ <u>10.00</u> |
| 3. Home maintenance (repairs and upkeep) | \$ <u>100.00</u> |
| 4. Food | \$ <u>450.00</u> |
| 5. Clothing | \$ <u>50.00</u> |
| 6. Laundry and dry cleaning | \$ <u>25.00</u> |
| 7. Medical and dental expenses | \$ <u>60.00</u> |
| 8. Transportation (not including car payments) | \$ <u>370.00</u> |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ <u>85.00</u> |
| 10. Charitable contributions | \$ <u>0.00</u> |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | |
| a. Homeowner's or renter's | \$ <u>0.00</u> |
| b. Life | \$ <u>0.00</u> |
| c. Health | \$ <u>0.00</u> |
| d. Auto | \$ <u>291.00</u> |
| e. Other | \$ <u>0.00</u> |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | \$ <u>0.00</u> |
| (Specify) | |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) | |
| a. Auto | \$ <u>715.00</u> |
| b. Other | \$ <u>0.00</u> |
| 14. Alimony, maintenance, and support paid to others | \$ <u>544.00</u> |
| 15. Payments for support of additional dependents not living at your home | \$ <u>0.00</u> |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ <u>0.00</u> |
| 17. Other <u>Children's Schooling</u> | \$ <u>1,000.00</u> |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$ <u>8,014.00</u> |

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

Yes Parents have paid various expenses for last year

20. STATEMENT OF MONTHLY NET INCOME

| | |
|--|--------------------|
| a. Average monthly income from Line 15 of Schedule I | \$ <u>7,102.66</u> |
| b. Average monthly expenses from Line 18 above | \$ <u>8,014.00</u> |
| c. Monthly net income (a. minus b.) | \$ <u>-911.34</u> |

In re Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

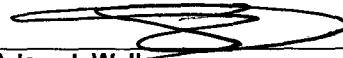
DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 64 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 5-8-08

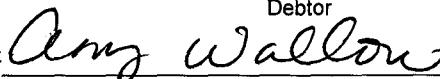
Signature:



Adam J. Wallow

Date: 5-8-08

Signature:



Amy K. Wallow

Debtor

(Joint Debtor, if any)

[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

UNITED STATES BANKRUPTCY COURT
Eastern District of WisconsinIn re: Adam J. Wallow Amy K. Wallow

Debtors

Case No. 08-23635-pp

(If known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE | FISCAL YEAR PERIOD |
|---|--------|--------------------|
| All income to follow after taxes are completed for 2005.2006 and 2007 | | |

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE | FISCAL YEAR PERIOD |
|---|--------|--------------------|
| Information to follow after taxes are prepared | | |

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS | AMOUNT PAID | AMOUNT STILL OWING |
|------------------------------|-------------------|-------------|--------------------|
|------------------------------|-------------------|-------------|--------------------|

None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS/ TRANSFERS | AMOUNT PAID OR VALUE OF TRANSFERS | AMOUNT STILL OWING |
|------------------------------|------------------------------|-----------------------------------|--------------------|
|------------------------------|------------------------------|-----------------------------------|--------------------|

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|---|-----------------|-------------|--------------------|
|---|-----------------|-------------|--------------------|

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|--|----------------------|---|---------------------------|
| Northshore Window Cleaning Co. vs. Amy Wallow 2008SC0008 | Small Claims | Ozaukee County Circuit Court 1201 South Spring Street Port Washington, WI 53074 | Judgment for Plaintiff |
| Priya Barnes et al vs. Adam J. Wallow 2007SC006232 | Small Claims | Milwaukee County Circuit Court 901 North 9th Street Milwaukee, WI 53233 | Judgment for Plaintiff |
| Bonded Transportation, Inc. vs. Adam Wallow 07458SC | Small Claims | Bay City Circuit Court 300 East 4th Street Panama City, FL 32402 | Judgment for Plaintiff |

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF PROPERTY |
|--|--------------------|---|
|--|--------------------|---|

5. Repossessions, foreclosures and returns

| None <input checked="" type="checkbox"/> | List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) | DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN | | DESCRIPTION AND VALUE OF PROPERTY |
|---|--|--|--|--|
| | | | | |
| | NAME AND ADDRESS OF CREDITOR OR SELLER | | | |
| | America's Servicing Co. Countrywide/Chase Attn: Bankruptcy Department 7495 New Horizon Way Frederick, MD 21703 | 12/01/2006 | | Details to follow |
| | EMC Mortgage Attn: Bankruptcy Department 800 State Highway 121 BY Lewisville, TX 75067 | 02/01/2008 | | Information to follow |
| | Grafton State Bank Attn: Customer Service 7955 Highway 60 Cedarburg, WI 53012 | 03/01/2007 | | Repo of Corvette. More details to follow |
| | Grafton State Bank Attn: Customer Service 7955 Highway 60 Cedarburg, WI 53012 | 03/01/2007 | | Repo of Truck More details to follow |
| | Litton Loan Servicing Attn: Bankruptcy Department 4828 Loop Central Drive Houston, TX 77081 | 06/01/2007 | | Details to follow |
| | US Bank Corp./World Mtg. Attn: Customer Service 2300 Wall Street, Suite A Cincinnati, OH 45212 | 09/01/2007 | | Details to follow |

6. Assignments and receiverships

| None <input checked="" type="checkbox"/> | a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) | TERMS OF ASSIGNMENT OR SETTLEMENT | |
|---|--|-----------------------------------|--------------------|
| | | NAME AND ADDRESS OF ASSIGNEE | DATE OF ASSIGNMENT |
| | | | |

| None <input checked="" type="checkbox"/> | b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) | NAME AND ADDRESS OF COURT CASE TITLE & NUMBER | | DESCRIPTION AND VALUE OF PROPERTY |
|---|---|---|---------------|-----------------------------------|
| | | NAME AND ADDRESS OF CUSTODIAN | DATE OF ORDER | |
| | | | | |

7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON OR ORGANIZATION | RELATIONSHIP TO DEBTOR, IF ANY | DATE OF GIFT | DESCRIPTION AND VALUE OF GIFT |
|--|--------------------------------------|-----------------|-------------------------------------|
| Information to follow | | 02/01/2007 | Details to follow |

8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION AND VALUE OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS | DATE OF LOSS |
|--|--|-----------------|
| Diamond ring and other items were stolen. Police report | No insurance | 7/07 |

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|--|---|--|
| GreenPath | | \$75.00 |
| Wilson , Broadnax & Owens Attorney Clifton G. Owens 8131 W Capitol Dr Milwaukee, WI 53222 | 4/08 | \$1000.00 |

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED |
|---|------|--|
| Detailed information to follow None | | |
| More detailed report to follow None | | |

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| NAME OF TRUST OR OTHER DEVICE | DATE(S) OF TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY |
|-------------------------------|------------------------|---|
|-------------------------------|------------------------|---|

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|---------------------------------|--|------------------------------------|
| Grafton State Bank | Money Market Account | |
| Grafton State Bank | Checking Account | |
| Ozaukee Bank | Check Account | |
| Ozaukee Bank | Money Market Account | |

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY | NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY | DESCRIPTION OF CONTENTS | DATE OF TRANSFER OR SURRENDER, IF ANY |
|--|---|-------------------------|---------------------------------------|
|--|---|-------------------------|---------------------------------------|

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|------------------------------|----------------|------------------|
|------------------------------|----------------|------------------|

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS OF OWNER | DESCRIPTION AND VALUE OF PROPERTY | LOCATION OF PROPERTY |
|---------------------------|-----------------------------------|----------------------|
|---------------------------|-----------------------------------|----------------------|

15. Prior address of debtor

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|--|-------------|--------------------|
| W73N388 Greystone Drive Cedarburg, WI 53012 | Adam Wallow | 2007 |

16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|--------------------------|--|-------------------|----------------------|
|--------------------------|--|-------------------|----------------------|

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|--------------------------|--|-------------------|----------------------|
|--------------------------|--|-------------------|----------------------|

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR DISPOSITION |
|--|---------------|--------------------------|
|--|---------------|--------------------------|

18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

| NAME | LAST FOUR DIGITS OF SOCIAL SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN | ADDRESS | NATURE OF BUSINESS | BEGINNING AND ENDING DATES |
|------|--|---------|-----------------------|-------------------------------|
|------|--|---------|-----------------------|-------------------------------|

To follow

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| | |
|------|---------|
| NAME | ADDRESS |
|------|---------|

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner or more than 5 percent of the voting or equity securities of a corporation; a partner, other than limited partner, of a partnership; a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

| | |
|------------------|-------------------------|
| NAME AND ADDRESS | DATES SERVICES RENDERED |
|------------------|-------------------------|

To follow

None b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

| | | |
|------|---------|-------------------------|
| NAME | ADDRESS | DATES SERVICES RENDERED |
|------|---------|-------------------------|

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

| | |
|------|---------|
| NAME | ADDRESS |
|------|---------|

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

| | |
|------------------|-------------|
| NAME AND ADDRESS | DATE ISSUED |
|------------------|-------------|

20. Inventories

| | | |
|---|--|---|
| None <input checked="" type="checkbox"/> | a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory. | |
| | DATE OF INVENTORY | DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis) |

| | | |
|---|---|---|
| None <input checked="" type="checkbox"/> | b. List the name and address of the person having possession of the records of each of the inventories reported in a., above. | |
| | DATE OF INVENTORY | NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS |

21. Current Partners, Officers, Directors and Shareholders

| | | | |
|---|--|--------------------|---|
| None <input checked="" type="checkbox"/> | a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership. | | |
| | NAME AND ADDRESS | NATURE OF INTEREST | PERCENTAGE OF INTEREST |
| None <input checked="" type="checkbox"/> | b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation. | | |
| | NAME AND ADDRESS | TITLE | NATURE AND PERCENTAGE OF STOCK OWNERSHIP |

22. Former partners, officers, directors and shareholders

| | | | |
|---|--|---------|---------------------|
| None <input checked="" type="checkbox"/> | a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case. | | |
| | NAME | ADDRESS | DATE OF WITHDRAWAL |
| None <input checked="" type="checkbox"/> | b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case. | | |
| | NAME AND ADDRESS | TITLE | DATE OF TERMINATION |

23. Withdrawals from a partnership or distributions by a corporation

| | | | |
|---|---|-----------------------------------|--|
| None <input checked="" type="checkbox"/> | If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case. | | |
| | NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR | DATE AND PURPOSE OF WITHDRAWAL | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |

24. Tax Consolidation Group.

| | | | |
|---|---|--------------------------------------|--|
| None <input checked="" type="checkbox"/> | If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case. | | |
| | NAME OF PARENT CORPORATION | TAXPAYER IDENTIFICATION NUMBER (EIN) | |

25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

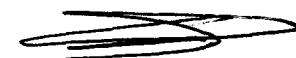
NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

[if completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 5-8-08Signature
of Debtor

Adam J. Wallow

Date 5-8-08Signature
of Joint Debtor
(if any)

Amy K. Wallow

UNITED STATES BANKRUPTCY COURT
Eastern District of Wisconsin

In re: Adam J. Wallow Amy K. Wallow Case No. 08-23635-pp
Debtors Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|---|--------------------|
| For legal services, I have agreed to accept | \$ <u>3,500.00</u> |
| Prior to the filing of this statement I have received | \$ <u>1,000.00</u> |
| Balance Due | \$ <u>2,500.00</u> |

2. The source of compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

All actions and addition hearing by UST will be billed at \$250.00 per hour 8 hours

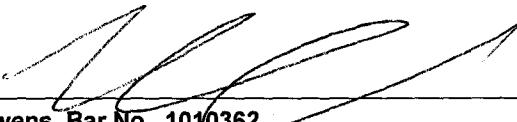
6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

\$727 and §523 actions to be billed at \$250.00 per hour

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: _____


Clifton G. Owens, Bar No. 1010362

Wilson, Broadnax & Owens
Attorney for Debtor(s)

In re **Adam J. Wallow, Amy K. Wallow**

Debtor(s)

Case Number: **08-23635-pp**

(If known)

According to the calculations required by this statement:

The presumption arises
 The presumption does not arise

(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedule I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS

| | |
|----|---|
| 1A | If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. |
| 1B | <p><input type="checkbox"/> Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).</p> <p><input checked="" type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p> |

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

| | | | | | | | | | | | | |
|----|--|--------------------------------|--------------------------------|----|----|--|----|----|-----------------|-----------------------------|----|----|
| 2 | <p>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.</p> <p>d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.</p> | Column A Debtor's Income | Column B Spouse's Income | | | | | | | | | |
| 3 | <p>Gross wages, salary, tips, bonuses, overtime, commissions.</p> | \$ | \$ | | | | | | | | | |
| 4 | <p>Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">a.</td> <td style="width: 60%; padding: 2px;">Gross Receipts</td> <td style="width: 30%; padding: 2px;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table> | a. | Gross Receipts | \$ | b. | Ordinary and necessary business expenses | \$ | c. | Business income | Subtract Line b from Line a | \$ | \$ |
| a. | Gross Receipts | \$ | | | | | | | | | | |
| b. | Ordinary and necessary business expenses | \$ | | | | | | | | | | |
| c. | Business income | Subtract Line b from Line a | | | | | | | | | | |
| | <p>Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</p> | \$ | \$ | | | | | | | | | |

| | | | | |
|---|---|---|-----------------|----|
| 5 | a. Gross Receipts b. Ordinary and necessary operating expenses c. Rent and other real property income | \$ \$ Subtract Line b from Line a | \$ | \$ |
| 6 | Interest, dividends, and royalties. | | | \$ |
| 7 | Pension and retirement income. | | | \$ |
| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. | | | \$ |
| 9 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: | | | |
| | Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$ _____ | Spouse \$ _____ | \$ |
| 10 | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. | | | |
| | a. _____ | \$ _____ | | \$ |
| | Total and enter on Line 10. | | | |
| 11 | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s). | | | \$ |
| 12 | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. | | | \$ |
| Part III. APPLICATION OF § 707(b)(7) EXCLUSION | | | | |
| 13 | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result. | | | \$ |
| 14 | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: _____ b. Enter debtor's household size: _____ | | | \$ |
| 15 | Application of Section 707(b)(7). Check the applicable box and proceed as directed. <p><input type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.</p> <p><input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.</p> | | | |

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

| | | | | |
|----|--|----|----|----|
| 16 | Enter the amount from Line 12. | \$ | | |
| 17 | Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. | | | |
| | a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td style="text-align: right;">\$</td></tr></table> | | \$ | \$ |
| | \$ | | | |
| | Total and enter on Line 17. | \$ | | |

18 Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.

Part V. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

| 19A | National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | \$ | | | | | | | | | | | | | | | | |
|---|---|--|---|--|--|----|--|----------------------|-----|-----------------------------|-----------------------------|-------------------|-----|-------------------|-----|----------|-----|----------|----|
| 19B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. | | \$ | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Household members under 65 years of age</th> <th colspan="2">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per member</td> <td>a2.</td> <td>Allowance per member</td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td>b2.</td> <td>Number of members</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>c2.</td> <td>Subtotal</td> </tr> </tbody> </table> | | Household members under 65 years of age | | Household members 65 years of age or older | | a1. | Allowance per member | a2. | Allowance per member | b1. | Number of members | b2. | Number of members | c1. | Subtotal | c2. | Subtotal | \$ |
| Household members under 65 years of age | | Household members 65 years of age or older | | | | | | | | | | | | | | | | | |
| a1. | Allowance per member | a2. | Allowance per member | | | | | | | | | | | | | | | | |
| b1. | Number of members | b2. | Number of members | | | | | | | | | | | | | | | | |
| c1. | Subtotal | c2. | Subtotal | | | | | | | | | | | | | | | | |
| 20A | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). | | \$ | | | | | | | | | | | | | | | | |
| 20B | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. | | \$ | | | | | | | | | | | | | | | | |
| | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>a.</td><td>IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="text-align: right;">\$</td></tr><tr><td>b.</td><td>Average Monthly Payment for any debts secured by home, if any, as stated in Line 42.</td><td style="text-align: right;">\$</td></tr><tr><td>c.</td><td>Net mortgage/rental expense</td><td style="text-align: right;">Subtract Line b from Line a</td></tr></table> | | a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$ | b. | Average Monthly Payment for any debts secured by home, if any, as stated in Line 42. | \$ | c. | Net mortgage/rental expense | Subtract Line b from Line a | \$ | | | | | | | |
| a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$ | | | | | | | | | | | | | | | | | |
| b. | Average Monthly Payment for any debts secured by home, if any, as stated in Line 42. | \$ | | | | | | | | | | | | | | | | | |
| c. | Net mortgage/rental expense | Subtract Line b from Line a | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|-----|---|-----------------------------|---|----|----|---|----|----|---|-----------------------------|----|
| 21 | <p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> | \$ | | | | | | | | | |
| 22A | <p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> | \$ | | | | | | | | | |
| 22B | <p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> | \$ | | | | | | | | | |
| 23 | <p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 80%;">IRS Transportation Standards, Ownership Costs</td> <td style="width: 10%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table> | a. | IRS Transportation Standards, Ownership Costs | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42. | \$ | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | \$ |
| a. | IRS Transportation Standards, Ownership Costs | \$ | | | | | | | | | |
| b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42. | \$ | | | | | | | | | |
| c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | | | | | | | | | |
| 24 | <p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 80%;">IRS Transportation Standards, Ownership Costs</td> <td style="width: 10%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table> | a. | IRS Transportation Standards, Ownership Costs | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 | \$ | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | \$ |
| a. | IRS Transportation Standards, Ownership Costs | \$ | | | | | | | | | |
| b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 | \$ | | | | | | | | | |
| c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | | | | | | | | | |
| 25 | <p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p> | \$ | | | | | | | | | |
| 26 | <p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p> | \$ | | | | | | | | | |
| 27 | <p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p> | \$ | | | | | | | | | |

| | | |
|----|---|----|
| 28 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. | \$ |
| 29 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. | \$ |
| 30 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. | \$ |
| 31 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. | \$ |
| 32 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. | \$ |
| 33 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. | \$ |

Subpart B: Additional Living Expense Deductions

Note: Do not include any expenses that you have listed in Lines 19-32

| | | | | | | | | | | | |
|----|---|----|------------------|----|----|----------------------|----|----|------------------------|----|----|
| 34 | <p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td><td>Health Insurance</td><td style="width: 10%;">\$</td></tr> <tr> <td>b.</td><td>Disability Insurance</td><td>\$</td></tr> <tr> <td>c.</td><td>Health Savings Account</td><td>\$</td></tr> </table> <p>Total and enter on Line 34</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p> | a. | Health Insurance | \$ | b. | Disability Insurance | \$ | c. | Health Savings Account | \$ | \$ |
| a. | Health Insurance | \$ | | | | | | | | | |
| b. | Disability Insurance | \$ | | | | | | | | | |
| c. | Health Savings Account | \$ | | | | | | | | | |
| 35 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. | \$ | | | | | | | | | |
| 36 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | \$ | | | | | | | | | |
| 37 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. | \$ | | | | | | | | | |
| 38 | Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | \$ | | | | | | | | | |

| | | |
|----|---|----|
| 39 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | \$ |
| 40 | Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). | \$ |
| 41 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40. | \$ |

Subpart C: Deductions for Debt Payment

| | | | | | | | | | | | | |
|--|---|----------------------------|--|--|---------------------------|--|----|----|---|----|--|--|
| 42 | Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42. | \$ | | | | | | | | | | |
| | <table border="1"> <tr> <td></td><td>Name of Creditor</td><td>Property Securing the Debt</td><td>Average Monthly Payment</td><td>Does payment include taxes or insurance?</td></tr> <tr> <td>a.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> </table> | | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance? | a. | | | \$ | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| | Name of Creditor | Property Securing the Debt | Average Monthly Payment | Does payment include taxes or insurance? | | | | | | | | |
| a. | | | \$ | <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | | | | |
| Total: Add Lines a, b and c | | | | | | | | | | | | |
| 43 | Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. | \$ | | | | | | | | | | |
| | <table border="1"> <tr> <td></td><td>Name of Creditor</td><td>Property Securing the Debt</td><td>1/60th of the Cure Amount</td></tr> </table> | | Name of Creditor | Property Securing the Debt | 1/60th of the Cure Amount | | | | | | | |
| | Name of Creditor | Property Securing the Debt | 1/60th of the Cure Amount | | | | | | | | | |
| Total: Add Lines a, b and c | | | | | | | | | | | | |
| 44 | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28. | \$ | | | | | | | | | | |
| 45 | Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. | \$ | | | | | | | | | | |
| | <table border="1"> <tr> <td>a.</td><td>Projected average monthly Chapter 13 plan payment.</td><td>\$</td></tr> <tr> <td>b.</td><td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td><td>x</td></tr> <tr> <td>c.</td><td>Average monthly administrative expense of Chapter 13 case</td><td></td></tr> </table> | a. | Projected average monthly Chapter 13 plan payment. | \$ | b. | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | x | c. | Average monthly administrative expense of Chapter 13 case | | | |
| a. | Projected average monthly Chapter 13 plan payment. | \$ | | | | | | | | | | |
| b. | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | x | | | | | | | | | | |
| c. | Average monthly administrative expense of Chapter 13 case | | | | | | | | | | | |
| | Total: Multiply Lines a and b | \$ | | | | | | | | | | |
| 46 | Total Deductions for Debt Payment. Enter the total of Lines 42 through 45. | \$ | | | | | | | | | | |
| Subpart D: Total Deductions from Income | | | | | | | | | | | | |
| 47 | Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46. | \$ | | | | | | | | | | |

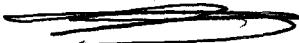
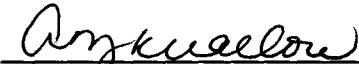
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION

| | | |
|--|---|----|
| 48 | Enter the amount from Line 18 (Current monthly income for § 707(b)(2)) | \$ |
| 49 | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2)) | \$ |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result | \$ |
| 51 | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result. | \$ |
| Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$6,575 Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55). | | |
| 53 | Enter the amount of your total non-priority unsecured debt | \$ |
| 54 | Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. | \$ |
| Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. | | |

Part VII. ADDITIONAL EXPENSE CLAIMS

| | | |
|----|---|----------------|
| 56 | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. | |
| | Expense Description | Monthly Amount |
| | Total: Add Lines a, b, and c \$ _____ | |

Part VIII: VERIFICATION

| | | |
|---|---------------------|--|
| I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.) | | |
| 57 | Date: <u>5-8-08</u> | Signature:  Adam J. Wallow, (Debtor) |
| | Date: <u>5-8-08</u> | Signature:  Amy K. Wallow, (Joint Debtor, if any) |